

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

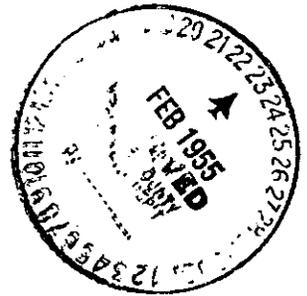
State File No.

5814

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6969 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Leavenworth					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Fair)		c. LENGTH OF STAY (in this place) NONE		c. CITY OR TOWN Leavenworth		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway 92				STREET ADDRESS (If rural, give location) 713 1/2 Shawnee Street 81508					
3. NAME OF DECEASED (Type or Print) a. (First) Van b. (Middle) L. c. (Last) Vandruff			4. DATE OF DEATH (Month) (Day) (Year) 2-12-1955						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-3-1925		9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aircraft			10b. KIND OF BUSINESS OR INDUSTRY Gen. Motors		11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Van V. Vandruff			13b. MOTHER'S MAIDEN NAME Marie Allenworth		14. NAME OF HUSBAND OR WIFE Jo Ann Hay				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 2 513-18-6276		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jo Ann Vandruff		ADDRESS Kansas Leavenworth			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKULL FRACTURE and COMPOUND FRACTURES BOTH LEGS ANTECEDENT CAUSES Compound fractures both legs Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS VEHICLE COLLIDED WITH TRAIN Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. CROSSING		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fair Platte Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:48P m., from the causes and on the date stated above.									
23a. SIGNATURE Roland M. Guffey				23b. ADDRESS Platte City Mo.		23c. DATE SIGNED 2-12-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-12-55	24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas				
DATE REC'D BY LOCAL REG. 2.12.1955		REGISTRAR'S SIGNATURE Alpha Rullins		25. FUNERAL DIRECTOR'S SIGNATURE J.C. Davis Und. Co.		ADDRESS Leavenworth, Kansas			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James Le Roy Feur

Licensed Embalmer No. 2508

P. O. Address *Le Roy Feur*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.